Advanced Training Practice Scheme

Preceptorship
Best Practice Guidance:

Supported Practice for New Registrant Nurses in General Practice

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Preface

The Advanced Training Practice Scheme (ATPS) is a network of GP Practices across Yorkshire and the Humber. The aim of the ATPS is to change the career intentions of student nurses towards a career in General Practice through providing, high quality, substantive placements, with Practice Nurses.

The outcome of the scheme is an increasing number of newly qualified nurses obtaining their first post in General Practice.

In order to provide a consistent standard of training and support for newly qualified nurses recruited into General Practice, the ATPS network wished to develop guidance for the support and development of these new registrants.

Overview

The anticipated increase in workload due to shift of the onus of care from secondary to primary care, the ever increasing demands on the service due to an aging population with multiple co-morbidities and the predicted workforce crisis in General Practice will necessitate change in the recruitment of nurses to General Practice. It is becoming increasingly difficult to recruit experienced Practice Nurses or indeed experienced secondary care nurses who have the skills and knowledge to 'hit the ground running' in General Practice as the 'coal face' looks very different to what it did 25 yrs. ago, with many Practice Nurses working at a very advanced level to order to deliver the high standards of care and service provision demanded by patients, careers and commissioners.

As a result of the Advanced Training Practices Scheme providing clinical placements for Pre-Registration Student Nurses there has been an increased awareness over the past 5 years of the role of the Practice Nurse as potential and desirable career pathway. One of the major successes of the scheme has been the shift in attitude of both students and practices with regards the ability of newly qualified nurses to work effectively in General Practice. Students realize that the requirement of a minimum of 2yrs post registration experience is a myth, and practices seeing the quality of student nurses on placement, recognize the benefit of 'growing their own'. However, it is not enough that student nurses are attracted to a career in General Practice, they need 'to be fit for purpose' and this can only be achieved by the provision of high quality preceptorship, as it is generally acknowledged that:

‘current educational programmes do not always fully prepare students for practice in a rapidly changing context of service delivery’.

(NNRU, 2008)

It is evident from the ATP Scheme Student evaluations, that mentorship is considered to be of an extremely high standard in General Practice. It therefore follows that preceptorship should be of the same high standard if we are to develop a workforce with the confidence, skills and competence to meet the challenges, demands and diversity of future health care provision in Primary Care.

Preceptorship: development of a guidance document for the support and development of new registrants in General Practice.
Section 1

Introduction

A period of preceptorship for newly qualified nurses, those returning to practice and those undertaking new roles, whilst not yet mandatory, is acknowledged as good practice by the professional regulatory body, the NMC and the Department of Health.

The NMC states in its Preceptorship Guidelines (2006) that it 'strongly recommends that all new registrants should have a formal period of preceptorship on commencing employment', advocating that the support and guidance provided would enable 'new registrants to make the transition from student to accountable practitioner'.

The Department of Health (2010) also recognizes the importance of facilitating this transition and are committed to developing policy which embeds the principles of preceptorship, within a formalised structure, which can be standardised organisationally to:

‘…develop trust wide frameworks that facilitate commitment to and consistency of provision, whilst at the same time meeting specialty specific requirements and the needs of individual nurses’

(NNRU, 2009)

In response to the recent government mandate to Health Education England (HEE) which stated;

‘work with partners to ensure preceptorship programs are designed to provide newly qualified nurses with support and guidance to grow in competence and confidence and effectively make the transition from being to a student aprofessional, practicing registered nurse.’

(DOH, 2014)

Health Education Yorkshire and Humber (HEYH) commissioned a piece of work to be undertaken to look at the preceptorship and education provision within the region, for newly qualified Nurses embarking on a career in General Practice. The basis of this work is the recommendations of the Advanced Training Practices (ATP) Task and Finish Group for Practice Nurses-Nurse education, and the intended outcome being the development of a ‘best practice’ guide for induction/preceptorship and training, which can be used as a framework for the ATP, facilitating commitment and consistency in the accessing and delivery of the training and support of the Practice Nurse workforce regionally.

The best practice recommendations proposed in this document were developed utilising the preceptorship frameworks produced by England, Ireland, Wales and Scotland. The references for these are on page 19.

Literature Review

An in-depth literature search identified that whilst there is a plethora of seminal work, including government reports, mandates and guidance from the NMC, relating to the preceptorship of newly qualified Nurse in Secondary Care, with the development high quality national preceptorship frameworks for England, Northern Ireland, Scotland and Wales, there is very little that is specific to General Practice.
Higher Education Institutes’ provision of theoretical/practical programmes for Nurses new to General Practice varies widely across the country in terms of content and funding. The majority of which are conditional on the participant having already secured a position as a General Practice Nurse.

The Advanced Training Practice Task and Finish group identified that across the Yorkshire and Humber region only one Higher Education Institute - University of Sheffield - currently delivers a formal course that is specific to Practice Nursing. It evaluates very well with its participants and the participating practices for its educational content, skill development and flexible access - a 'step on step of' approach.

The RCGP Practice Nurse Competencies framework (2012) is the tool 'used to review and demonstrate progress' during the preceptorship period. It is aligned with the Knowledge and Skills Framework of the NHS (DOH, 2004) and is a nationally recognised competence framework which;

'addresses the common core competencies and the wider range of skills, knowledge and behaviors a nurse needs in order to be a fully competent General Practice Nurse'

(RCGP, 2012)

Academic accreditation is achieved by submitting a required piece of academic work relating to practice.

Preceptors are not required to have a formal mentorship/practice teaching qualification despite the NMC recommendation that this should be the case.

York University offers a Master’s Degree in Nursing, which is accessed by a maximum of 10 students selected after the 2nd year of the BSc course. This involves a 12 month 'internship' in General practice or acute clinical services. The general practice placements are ATP practices.

Bradford ATPS are developing, in partnership with Bradford University, a 6 month Post Graduate Certificate - Advanced Practice (Practice Nursing). Not to be confused with the 2 year MSC courses for Advanced Nurse Practitioners, this fully funded course offers the opportunity for newly qualified nurses, and those who wish to change their area of specialisation, to train as a Practice Nurse. The course consists of two academically accredited modules, one in Practice Nursing skills and the other in Cervical Cytology. Not unlike the Sheffield model in essence, but the participants aren’t already employed as Practice Nurses. Whilst there is no guarantee of employment on completion of the course Nurses who have completed this course would be eminently employable in General Practice.

Nationally, the Royal College of General Practitioners (RCPG) have developed an online accredited course with eight foundation units that can be accessed as required. The cost currently runs at £650 + VAT. The package includes 2 full day workshops at different venues across the country. It is delivered by two experienced nurses who also support the participant's progression through the units. It is interactive and flexible. Assessment is by self-assessment and questionnaire at the end of each unit. In addition participants are advised to have a mentor from their own or a local practice that can support their progression of individual skill development assessed through observed practice, audit and peer review and reflection on significant events.

Finally, work is currently being undertaken at strategic national level to develop an approved, recognised framework for the education and support of nursing teams in General Practice, which will include the support and development of newly qualified nurses embarking on the career pathway in General Practice.
Conclusion
Whilst there is as yet no definitive work relating to preceptorship in General Practice the generalised national frameworks already developed and the initiatives being conceptualised will guide the development of a ‘best practice guidance’ for the supported practice of new registrants in General Practice across the Yorkshire and Humber region.
Section 2

Purpose

The purpose of this guidance is to assist General Practice employers of new registrants in the implementation, audit and evaluation of preceptorship.

Aim

The facilitation of a consistent approach to preceptorship across the Yorkshire and Humber region.

Outcome

Ensures the maintenance of quality care standards in General Practice by supporting new registrants, helping them develop their confidence, knowledge, skills and competence.

What is Preceptorship

Preceptorship is:

• The bridge between mentorship and clinical supervision.

• It is 'a gentler touch' than mentorship as it requires the preceptor to utilise facilitative and coaching skills, sharing knowledge and experience, supporting and guiding the preceptee through the transition from student to that of autonomous practitioner (Price, 2013).

• Whilst it is a period of consolidation and socialization to the practice working environment, active learning is encouraged with the emphasis on reflective practice and the self-assessment of learning needs, skills development and achievement of competency to build confidence.

Preceptorship is not:

• A replacement for a formalised induction or mandatory training or probationary period.

• The role of preceptor is not one of instructor or formal assessor.

• A 'grace period' whereby the preceptor is accountable for the responsibilities, actions and omissions of the preceptee.

• A substitute for appraisal processes or clinical supervision.

Benefits

For the preceptee:

• The development of confidence skills and competencies relevant to General Practice.
• Socialisation to the General Practice workplace.
• To feel valued and respected by employer.
• Pride in, and commitment to the organisation.
For the preceptor:

- Job satisfaction is increased acting as a good role model and ‘bringing up the next generation of Practice Nurses’
- Contributes to their personal professional development. Enhancing their own knowledge, teaching skills and future career prospects.

For service users:

- Cared for by safe, competent, confident Nurses who are professionally well supported in their new role.

For employers:

- Ensured quality of patient care resulting in greater service user satisfaction and reduced risk of complaints.
- Enhanced recruitment and retention of nurses with reduced sickness and absence.
- Engenders a cohesive interdisciplinary team approach to workforce development within the practice.

Format of Preceptorship Programme

It is a 12 month programme - DOH (2012) recommendation to be completed within 6 months, with 6 months for consolidation.

The programme content will be flexible and personalised to the individuals needs whilst meeting service needs.

It will be essentially practice based learning. Providing core competencies and foundation level clinical competencies (Appendix 2) based on the RCGP (2012) competencies framework (Appendix 3), with the appropriate clinical, academic and peer support, utilising a range of teaching and learning methods including self-directed learning, experiential learning, one to one support, shadowing and role modelling, with formalized study being provided by HEI's in the form of learning sets and tutorials. Accredited independent training providers and/ or e-learning will be utilised where appropriate (Appendix 3).

A Registered Nurse with a minimum of 12 months experience in General Practice will be nominated to support the preceptee in practice – a preceptor. The preceptor will have a mentorship qualification and have undertaken additional training to prepare them for the preceptorship role. It is imperative that the preceptor is supported in this role and afforded time to undertake this activity.

A learning agreement based on a 'needs analysis' should be completed by the preceptee, preceptor and designated lead (Nurse Manager/GP/Practice Manager).

Objectives set should be measurable and consolidate and build on the skills developed prior to registration, identifying foundation training requirements specifically relevant to General Practice.

The preceptee does not need to work under direct supervision, but should be well supported with direct access to the designated preceptor.

Evidence of progression through the preceptorship process to be documented using a learning and development log (RCGP Framework, 2012) and a reflective diary. This should form the foundation of the preceptee portfolio of Continuing Professional Development.
Evidence of achievement should include direct observation, written evidence in the form of personal reflection, testimonies from patients and colleagues and practice educators, clinical case studies.

Progress should be monitored at designate intervals throughout the preceptorship period. Three and six monthly reviews to be undertaken by the preceptor with the final assessment of competence being carried out by an educator or suitably qualified health professional as recommended in the RCGP Framework, (2012)

The process to be evaluated and audited annually.

‘Success depends on organisational commitment’

(Robinson, Griffiths 2009)

Roles and Responsibilities

The preceptorship programme is a tripartite agreement and it is essential that the roles and responsibilities of each participant are clearly defined in order to facilitate a cooperative, effective and satisfying preceptorship experience for all involved.

Preceptee:

• To practice in accordance with the NMC Code of Professional Conduct (2008)

• Understand the standards, competencies and objectives the practice requires to be met. Understand the process and take ownership of the preceptorship programme and agree to be supported in the preceptorship period by a named preceptor who has undertaken relevant training.

• To take responsibility for, and be proactive in, their own learning, actively seeking out appropriate learning opportunities.

• Identify specific learning and skill development needs and develop action plans for addressing these needs with preceptor.

• Agree fixed protected learning time, including pre-planned study days during the first 6 months of the preceptorship period.

• Compile and keep up to date a learning development log/portfolio as evidence of professional development and actively participate in reflective practice.

• Seek regular feedback from preceptor on progress and learning needs/skills development.

• Provide preceptor with constructive feedback.

• Raise any concerns/difficulties with the preceptorship process in a timely fashion with the programme lead/ manager or other relevant person.
Preceptor:

- Commit to the role of preceptor and its responsibilities in accordance with guidance and be willing to share knowledge and expertise with less experienced colleagues.

- Undertake relevant preparation/training to fulfil this role where required.

- Provide a high standard of professional practice at all times.

- Commit to the successful orientation and socialisation of the preceptee to the General Practice Workplace.

- Provide effective, supportive guidance and coaching in an empathetic and professional manner to develop the preceptee confidence and competence within the practice workplace.

- Facilitate learner progression and the development of new understanding and skills to meet preceptee and service needs. Collaboratively set goals, develop action plans, observe and evaluate progress. Give constructive feedback and complete the documentation as required.

- Ensure adequate time is allocated for preceptorship activities, with evaluation and reflection on the preceptee progress being undertaken at specific points in the preceptorship programme.

- Raise any concerns regarding the preceptee progress/professional development with the preceptorship lead/manager in a timely manner so that so that any additional support or resources required can be initiated.

- Reflection on the experience of preceptorship and how it effects practice and informs own personal learning and development.

Practice Preceptorship Lead:

- Commitment to the support of all newly registered Nurses undergoing the transition from student to independent practitioner with their practice.

- Ensure that policies and procedures, aligned with the standards of preceptorship (Appendix A), are in place to facilitate the delivery and support of an effective preceptorship programme in General Practice and that all members of the practice team are aware of the preceptorship process.

- Identify a practice lead for preceptorship within the practice.

- Provide the new registrant with a suitably prepared preceptor, an experienced Practice Nurse who has mentorship experience and is familiar with pre-registration nursing courses.

- Ensure that the preceptee receives induction training including the relevant statutory and mandatory training.

- Ensure that preceptorship is adequately resourced within the practice in terms of time, support and access to training and development for both preceptees and preceptors.

- Ensure that systems are in place for appraisal of the preceptees progress through the preceptorship programme and any under-performance is managed in accordance with practice policy and procedure.
• Ensure evaluation and audit of the process and outcomes of preceptorship in general practice to inform future practice.

**On completion of the Preceptorship Programme:**

It is expected that the preceptee will be able to:

• Demonstrate a professional attitude to nursing in accordance with the NMC Code of Conduct (2008) and within the context of General Practice.

• Demonstrate understanding and awareness of their role, responsibilities and accountabilities and those of others within the practice, including associated ethical, legal and professional issues.

• Work effectively as part of multidisciplinary team within General Practice and the wider inter-professional Primary Care Team. Recognising the importance of good, effective, working relationships at all levels.

• Be able to identify areas for further personal and professional development.

• Demonstrate consolidation and further development of skills such as communication, clinical skills, personal management and leadership skills.

• Demonstrate development of new understanding and skills and their practical application, specific to their level of practice as a General Practice Nurse.

• Demonstrate an evidenced based holistic approach to the care of service users and their careers in Primary Care.

• Demonstrate their development of competency and capability to practice safely as a reflective independent accountable practitioner within General Practice.

• Demonstrate understanding of the importance of continuing professional development, clinical supervision and appraisal, in relation to their commitment as an autonomous practitioner to lifelong learning and the delivery of high quality patient care in General Practice.

• Outcomes achieved will form the basis of the preceptees professional portfolio with any outstanding skill development at the end it the preceptorship period being built into the preceptees ongoing personal development plan.
Appendix A

Standards of Preceptorship for General Practice

- The Practice has a preceptorship policy for all newly qualified nurses, new to general practice and return to practice nurses (preceptees) they employ and which meets the requirements of the NMC standards of preceptorship.

- There is a designated practice lead for preceptorship.

- Each preceptee has the support of a nominated experienced Practice Nurse (preceptor) who has undertaken appropriate preparation and training for this role from the first day of their employment.

- The practice ensures that the preceptee and preceptor understand the concept of preceptorship and engage fully.

- There is access for the preceptee to a structured preceptorship programme.

- The preceptorship programme runs alongside the induction and probationary period for preceptees and doesn't replace these.

- There is facilitated protected time for preceptorship activities afforded to both preceptor and preceptee.

- The preceptorship programme should be tailored to the need of the individual preceptee and based on a transitional needs analysis that is general practice specific.

- The practice has a system in place to monitor and assess the preceptees progress during the preceptorship period.

- The practice will ensure that preceptors are supported in their role by the whole practice team.

- The effectiveness of preceptors and development of preceptorship within the practice is incorporated in the appraisal process.

- The practice has systems in place whereby the preceptee contributes to the further development of preceptorship within the practice.

- Preceptorship activity is monitored and evaluated by the practice for audit purposes and to demonstrate its benefits and value.

The above standards can be used as a tool to audit preceptorship within the practice setting.
Appendix B

Components of a Preceptorship Programme for General Practice

The preceptorship programme for new registrants in general practice should focus on the development of core and foundation knowledge and skills and include the following elements.

Core knowledge and skills:

- Accountability.
- Audit and Service Redesign and Development.
- Clinical guidelines, protocols, directions and directives.
- Communication.
- Conflict management/ managing difficult conversations.
- Consultation skills.
- Continuing Professional Development.
- Equipment and Stock Management.
- Health and Safety.
- Legal, Ethical and Professional issues including accountability and delegation.
- Management of Emergency Situations
- Practice Management including service provision, Care Quality Commission (CQC) and Quality Outcomes Framework (QOF)
- Prescribing and medicines management.
- Record Keeping, Information collection and analysis.
- Reflective Practice.
- Screening and Health promotion.
- Team working.

Foundation knowledge and skills:

- Contraception.
- Cervical cytology.
- Ear care.
- Immunisations, adult and child (non-travel).
- Men's and Women's Health.
- Introduction to Mental health, psychological health promotion and Dementia awareness.
- Minor Surgery.
- Sexual health promotion.
- Smoking cessation.
• Supporting people with Long Term Conditions:
  - Introduction to Asthma
  - Introduction to COPD
  - Introduction to Cardiovascular Disease and Hypertension Management.
  - Introduction to Diabetes.

• Travel Health and vaccinations.
• Venepuncture.
• Wound Care

**Statutory and Mandatory Training**

Is not included in preceptorship as the practice has a responsibility to provide regularly training and updates in a variety of subjects and ensure that all staff attend, all staff have a responsibility to ensure they attend and evidence they have kept up to date with this training.

Statutory training ensures the practice meets any legislative duties. Whilst mandatory training is a practice requirement to limit risk and maintain safe working and best practice.

It includes:

- Basic Life Support.
- Equality and Diversity
- Fire Safety.
- Infection prevention and control.
- Information Governance.
- Mental Capacity Act.
- Moving and Handling
- Safeguarding Children and Vulnerable Adults.
Appendix C

Preceptorship programme training currently available across Yorkshire and the Humber Region.

Higher Education Institutes: 

1. University of Bradford - Pg Cert Advanced Practice (Practice Nursing)

http://www.bradford.ac.uk/health/courses/postgraduate-ssprd-professional/nursing/practice-nursing/#d.en.1471670

2. Cervical screening course

http://www.brad.ac.uk/health/courses/

This is a six month course and consists of 2 modules, practice nursing and cervical cytology.


http://www.sheffield.ac.uk/hscp/courses-az/esfpcn/PNing

This is a one year programme for nurses already employed in General practice with a step on step of approach models can be accessed depending on learning and practice needs... It comprises of 15 days released from practice 4 days of which are alternative practice days where the nurse will work alongside a mentor in another practice.

Independent Training Companies:

1. Et Al Training, Leeds

www.etaltraining.co.uk

Provides study days for Primary Care, not specifically for newly registered nurse or nurses new to practice. They are well presented and aimed at all levels.

2. Primary Care Training Centre, Bradford

This is a well-established and reputable company offer a wide range of courses/study days covering all of foundation skills. Some of the courses are accredited by Teesside University. Whilst there is a fee payable for all courses, funding is available for some of the courses.
Distance Learning:

1. The General Practice Nurse Training Programme

www.generalpracticenurse.org.uk

This is an distance learning programme accredited by the RCGP, covers a range topics and base line skills for nurses in General Practice. It is introductory level learning and learning resources and self-assessment questionnaires are included. Includes 2 full day workshops at different areas across the country, led by 2 experienced practice nurses who also provide ongoing support through the 8 units. Once the first one has been accessed the rest can be undertaken in any order.

The cost of the course is £650 + VAT.

E-Learning:

1. Core Learning, Skills for Health


Provides free on line e learning modules for statutory and mandatory training for health care.

Resources:

General Practice Nurse Competencies - RCGP General Practice Foundation (2012)

http://rcgp.org.uk/membership/practice-teams-nurses-and-managers~/media/Files/Membership/GPF/RCGP-Nurse-Competencies.ashx#page26
Appendix D

Definitions

Preceptorship:
A period of structured transition for the newly registered practitioner during which he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning.

(DOH, 2010)

Preceptee:
Is a newly registered nurse who is entering practice for the first time, or a registered nurse who has returned to practice after a break of 5 years or more and/or who is undertaking a new role in becoming a General Practice Nurse.

Preceptor:
A registered General Practice Nurse who has been given formal responsibility for the professional support and guidance of preceptee.
References:


RCGP General Practice Foundation (2012) General Practice Nurse Competencies.

RCGP General Practice Nurse Competencies - RCGP General Practice Foundation (2012)

http://rgcp.org.uk/membership/practice-teams-nurses-and-managers/~/media/Files/Membership/GPF/RCGP-Nurse-Competencies.ashx#page26
